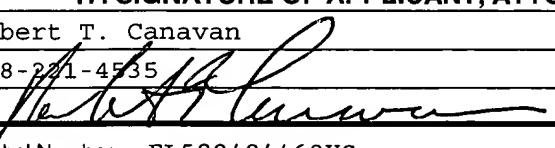
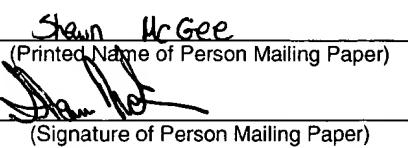
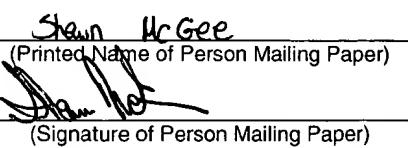


05-02-01

PTO/SB/05 MODIFIED BY AT&T CORP.

UTILITY PATENT APPLICATION TRANSMITTAL <small>For new nonprovisional applications under 37 CFR 1.53(b)</small>		Attorney Docket No.	2000-02	Total Pages	PRO 05/01/01
First Named Inventor or Application Identifier Samuel S. Hii					
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Express Mail Label No.	EL580484462US 05/01/01		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 26] <small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none"> - Descriptive title of invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings(if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 7]</p> <p>4. Oath or Declaration [Total Pages]</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) <small>(for continuation/divisional with Box 15 completed)</small> <small>[Note Box 15 below]</small> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b)</small> 		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
		<p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy(identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 			
ACCOMPANYING APPLICATION PARTS					
		<p>7. <input type="checkbox"/> Assignment Papers(cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement(IDS)/PTO-1449 3 Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>14. <input type="checkbox"/> Other :</p>			
<p>15. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:</p> <p>Prior application information: Examiner: Group/Art Unit:</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>					
16. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America				
17. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Robert T. Canavan			Reg. #	37592
TELEPHONE	908-221-4535				
SIGNATURE				DATE	05/01/01
"Express Mail" Mailing Label Number EL580484462US			Date of Deposit		
I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C. , 20231					
 Shawn McGee <small>(Printed Name of Person Mailing Paper)</small>					
 <small>(Signature of Person Mailing Paper)</small>					

05/10/01

FEET TRANSMITTER

Patent Fees are subject to annual revision.

AMOUNT PAID	\$1,212
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Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Samuel S. Hii
Examiner Name	
Group/Art Unit	
Attorney Docket No.	2000-0296D

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
Deposit Account Name AT&T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	710	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	710
106	320	Design Filing Fee	
108	710	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) 710

2. CLAIMS Filing Under 37CFR 1.53 (b)
 CPA Under 37CFR 1.53 (d)
 Amendment

Total	3 9	- 2 0 =	1 9	x	1 8	=	3 4 2
Ind.	5	- 3 =	2	x	8 0	=	1 6 0
						=	0

Multiple Dependent Claims

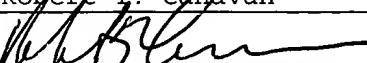
Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent Claims in excess of 3
104	270	Multiple Dependent Claims
109	80	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) 502**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1390	Extension for reply within fourth month	
128	1890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive – unavoidable	
141	1240	Petition to revive – unintentional	
142	1240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection(37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) 0**SUBMITTED BY**

Typed or Printed Name	Robert T. Caravan	Reg. Number	37592
Signature		Date	05/10/01
Deposit Account User ID			

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231